

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 355 363	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.							
1						51						
2						52						
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42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
TOTAL IND.						98						
TOTAL DEP.						99						
TOTAL CLAIMS						100						
						TOTAL IND.						
						TOTAL DEP.						
						TOTAL CLAIMS						